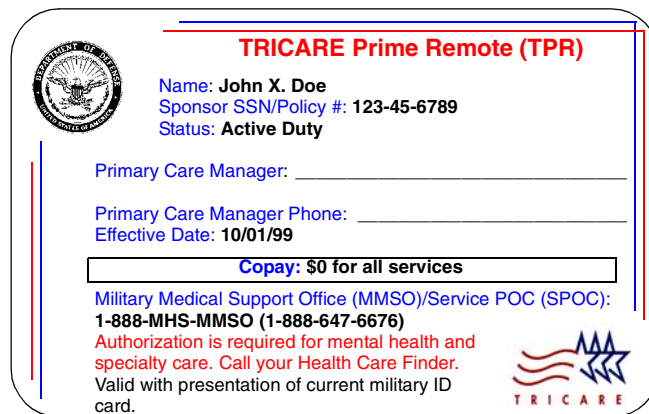


FIGURES

FIGURE 20-A-1 SAMPLE OF TRICARE PRIME REMOTE (TPR) CARD

Front of card



The front of the TRICARE Prime Remote (TPR) card features the Department of Defense seal on the left. The title "TRICARE Prime Remote (TPR)" is at the top right. Below it, the cardholder's name, sponsor SSN/Policy number, and status are listed. There are fields for the Primary Care Manager and Primary Care Manager Phone, with an Effective Date of 10/01/99. A box indicates a \$0 copay for all services. The Military Medical Support Office (MMSO) and Service POC (SPOC) contact information is provided, along with a note that authorization is required for mental health and specialty care. The card is valid with a current military ID card. The TRICARE logo is in the bottom right corner.

TRICARE Prime Remote (TPR)

Name: John X. Doe
Sponsor SSN/Policy #: 123-45-6789
Status: Active Duty

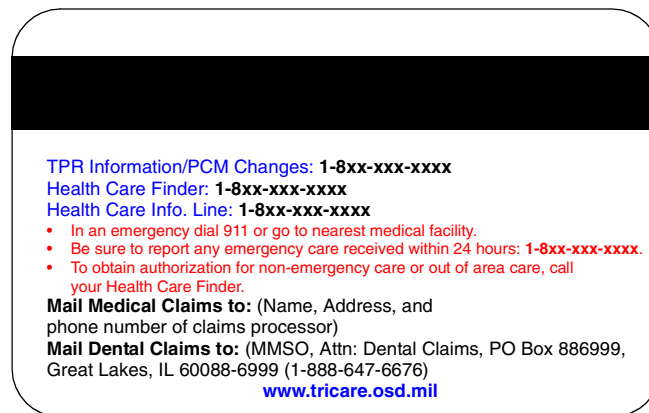
Primary Care Manager: _____
Primary Care Manager Phone: _____
Effective Date: 10/01/99

Copay: \$0 for all services

Military Medical Support Office (MMSO)/Service POC (SPOC):
1-888-MHS-MMSO (1-888-647-6676)
Authorization is required for mental health and specialty care. Call your Health Care Finder.
Valid with presentation of current military ID card.

TRICARE

Back of card



The back of the TRICARE Prime Remote (TPR) card has a black header bar. Below it, the TPR Information/PCM Changes, Health Care Finder, and Health Care Info. Line are listed. A bulleted list provides emergency care instructions. The Mail Medical Claims to and Mail Dental Claims to information is provided, along with the website www.tricare.osd.mil.

TPR Information/PCM Changes: 1-8xx-xxx-xxxx
Health Care Finder: 1-8xx-xxx-xxxx
Health Care Info. Line: 1-8xx-xxx-xxxx

- In an emergency dial 911 or go to nearest medical facility.
- Be sure to report any emergency care received within 24 hours: 1-8xx-xxx-xxxx.
- To obtain authorization for non-emergency care or out of area care, call your Health Care Finder.

Mail Medical Claims to: (Name, Address, and phone number of claims processor)
Mail Dental Claims to: (MMSO, Attn: Dental Claims, PO Box 886999, Great Lakes, IL 60088-6999 (1-888-647-6676)
www.tricare.osd.mil

